

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000222511

Entity Name: SOWLES CARE LLC

Current Principal Place of Business:

3930 KENAS ST
WEST PALM BEACH, FL 33403

Current Mailing Address:

3930 KENAS ST
WEST PALM BEACH, FL 33403

FEI Number: 87-1125087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOWLES, CHAMEKA
3930 KENAS ST
WEST PALM BEACH, FL 33403 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title CEO
Name SOWLES, CHAMEKA
Address 3930 KENAS
City-State-Zip: WEST PALM BEACH FL 33403

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAMEKA SOWLES

CEO

05/01/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date